Much

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2411 N. Charles St., Baltimore Ba

#### CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Jigmund aleksamolrous	3. (b) Social Security Number
M. Sex S. Color or race S. (a) Single, married, widowed, or divorced Sengle	MEDICAL GERTIFICATION  20. DATE OF DEATH MANY 3 6 19 4 130 M
6.(b) Name of husband or wife	21. I CERT FY that death occurred on the date above stated; that attended deceased from  29. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death DURATION DURATION OLD WELL
9. Birthplace	Due to
14. Malden nama Victoria 15. Birthplace Poland 16. Informant Joseph alexandrowicz	Major findings of operations
Address 2 905 Eastern ave  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory  Address 2 905 Eastern ave (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Balto- Msl.  18. Funeral director Worn 8. Fialkowski  Address 2007 Castern ave	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?  M. D. or other
19. (Def red by registrar)	1702 to the state of the state

VS ATE

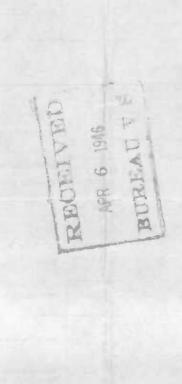
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

022910

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Dasse amountall	State Many Lane County Lange	-1-1-
(If outside city or town limits, write RURAL and give nearest town)	11/10/10 1 1/21-	annish for heren
How long in above place of death?	(if or town mits, write RURAL and give neares	t town)
Hospital, Institution, or street address where death occurred:	Street No	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Mabel Simuns Ba	3. (b) Social Security Nu	mber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female negro surefe	2D. DATE DF DEATH about March 21 19 46, at	?
6.(b) Name of husband or wife thomas Barrelth	21. I CERTIFY mandeath occurred on the date above stated. Wet Caterdad december	from
	Trasmortum (oxamina)	rac
7. Birth date of deceased (mo., day, yr.)	de tradición de la serie de la	19.4.6
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATION
2 2hrs. /min.	Angonia	
9. Birthplace (Town, county, and state)	Due to	******************
1D. Usual occupation. None	Bala	*******************
11. Industry or business	Due to	**********************
# 12, Name Percy Simmers	Dther conditions	••••••••••
12. Name Oll Cy Simons  13. Birthplace Choom hid.		•••••
	(Include pregnancy within 3 months of death)	
	Major findings of operations.	
= 15. Birthplace Marwort full		
16. Informant durence Gett	Autopsy results	istically.
Address Vesper marlors ma;	22. VIOLENCE: If death was due to external causes, fill in the following:	/
(Burial, cremation/or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide, accident Date of 3/2	21/46
A +1) 0 ·	Where did Injury occur? Lalesville A.A. n	4
Cometery or crematory Collection	(City or town) (Connty) (S	tate)
Location republicant and	Injured at home, farm, Industry, public place (where?) Lent house	
18. Funeral director A Audioty Don	Means of injury Nowwelly Injured at work? Re	utzi
Address Lolyville ludi	John M. Caff M.D. mes	livel.
apr 4th 46 If Mayte	23. SIGNATURE M. D. or o	ther
19. (Data rec'd by recristron)	Hunglades Md 100 100 4	13/46



2411 N. Charles St., Baltimore 13-3

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Anne Arundel County Crownsville, 1 (If outside city or town lim	nty  Maryland  nits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  Stockton			
How long in above place of death?3ye.  Hospital, institution, or street address where do  Crownsville State Ho	ars. I month. 28 days	City or town (If outside city or town limit unknown	(If outside city or town limits, write RURAL and give nesrest town)		
	ars, 1 month, 28 days				
3.(a) FULL NAME BENNETT			3. (b) Social Security Number unknown		
female 5. Color or race black	6.(a)Single, married, widowed, or divorced single?		ERTIFICATION  19 46 at 3:00 A		
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased from 43 to March 24 19 44 rch 23 19 46		
8. AGE: Years Months 41 unknow	Days If less than one day	Tuberculosis of L	ungs Known to		
9. Birthplace Penns (Town, &	ylvania ounty, and state)	Due to.	274746		
Maryland Emily ?	nnett	Diher conditions Mental Defici Psychosis - Imbecile (Include pregnancy within 3 Major findings of operations.			
16. Informant Hospital F	le, Maryland	Autopsy results	which death should be charged statistically.		
Burial, cremation, or removal. Which?) Cemetery or crematory.	ton Cemetery	Where did injury occur?(City or town)	Date of (County) (State)		
Location Strekt  18. Funeral director Owin		Injured at home, tarm, industry, public place (v	Injured at work?		
Address Stock  19. March 25, 19.46  (Date ree'd by registrar)	anne E Shite	23. SIGNATURE Address. Crownsville, Mar	M. D. or other 3/24/46		

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#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

02293

CERTIF	ICATE OF DEATH	Reg. Dist. No. 2
1. PLACE OF DEATH:  County	Street No. (if outside city or to	Count
3. (a) FULL NAME Christina ann	Bollman	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorce Femal White Wadow	20. DATE OF DEATH. MORE	L CERTIFICATION  L 9 1846 at 5-15p.
8.(b) Name of husband or wife	morch 1	OURA TION
10. Usual occupation	Major findings of operations.	
16. Informant	PHYSICIAN: Please underline the cau  22. VIOLENCE: It dealh was due to ext  year)  Where did injury occur?	ternal causes, fill in the tollowing;  Date of (State)  place (where?)  Injured at work?
19. March II 19 46 Dom	Registrat Address Charles	M. D. or other  Ly M Date signed 3-10-46

Wheelistrat Address Line

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

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A STREET

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#### ANNE ARUNDEL COUNTY HEALTH DEPARTMENT

#### ANNAPOLIS, MARYLAND

March 11, 1946

To: Dr. Hedrich Miss Whitney



Mr. Taylor called and said the date of birth on the death certificate of CHRISTINA ANN BOLLMAN should be 1885 and not 65. He did not have any hnecavailable to send in to correct it.

RECENTED MAR 12 1946



2411 N. Charles St., Baltimore 93 d

#### CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Both whom infants give residence of mother)  State  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Jacob Brooks	3. (b) Social Security Number
4. Sex (5. Color or race (6.(a) Single, married, widowed, or divorced Walts Walts	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  19 96 , at 9 25 P
5.(b) Name of husband or wife Selection (c) Heliuc, give age year 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day  hrsmin.	Immediate cause of death DURATION  Cerebral hamorhage 22 hro
9. Sirthplace (Town, county, and state)  10. Usual occupation. Muchanity	Due to. Due to.
11. Industry or business  12. Name  13. Birthplace	Diher conditions
14. Maiden name Massici 15. Birthplace	Major studiugs of operations.  Date of op.
Address  17 Duned (Burial, cremation, or pengyal, Which?)  Date thereof 3-6-46 (Burial, cremation, or pengyal, Which?)	Autopsy results.  PHYStCtAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory CUTS Chairing Location Wash. Bud.	Where did injury occur?
18. Funeral director. Fact Suits The Address 1439 Bully St	Mcans of Injury  Injured at work?  23. SIGNATURE  M. D. or other
19. 3 (Date ree'd by registrar) 19 E H - W Registrar	Address Ormapoles md Bate signed 3/5746

2411 N. Charles St., Baltimore



02295

#### CERTIFICATE OF DEATH

A		
-	 	

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town (Inite, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireel No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Scarl Bru	3. (b) Social Security Number
4.8ex   5. Color or race   6.(a) Single, married, widowed, or divorced    Mille Coloree Jingle	MEDICAL CERTIFICATION  2D. DATE DE DEATH MUS. 21 8 P. M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from  12. F
7. Birth date of deceased (mo., day, yr.) # 26, 20 199,3	and that I last saw h. A. alive on 19
8. AGE: Years Months Days If less than one day	insifficiently
9. Birthplace (Town, county, and State)	Due to Rheunstie fever
10. Usual occupation	Due to
12. Name Bultania	Differ conditions
HI 14. Maiden name S. CARLLE DUY	(Include pregnancy within 3 months of death)  Major findings of operations
\$ 15. Birthplace	Date of op
16. tatormant 1320 1320 1220 1230 1230 1230 1230 1230	Autopsy results
17. Date thereof man 27/1946 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory directions of the Company of	Where did injury occur?
Location Location	Meens of tnjury tnjury tnjured at work?
Address Crynapous	23. SIGNATURE Emily H. Wilson ma
19. Mar. 28/19.46. J.B. Deut (Date rec'd by registrar)	Address Lottuan md: Date signed 125/46



2411 N. Charles St., Baltimore 450

03/32

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State
BURRELL - JOHN	unknown
4. Sax 5. Color or race 8. (a) Single, married, widowed, or divorced male black widower	MEDICAL CERTIFICATION  20. DATE DF DEATH March 22 19 46 9:45 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the data above afated; that I attended daceased from August 10 19.45 to March 22 19.46 and that I last saw h alive on March 22 19.46
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death  Carcinoma of Lower Lip  Us since
9. Birthplace	Due to. 8/10/45  Due fo
12. Name Amos Burrell Virginia	Other conditions General Paresis Known to us since
14. Malden name Millie ?  15. Birthplace Virginia  16. Informant Hospital Records	(Include pregnancy within 3 months of death) 8/10/45  Major findings of operations
Address Crownsville, Maryland  17 Cemetery or crametory to Date thereof (month) (day) (year)  Cemetery or crametory to Date thereof (month) (day) (year)  Location Crownskirlle Mag  18. Funeral director Duph Hoabital  Address Crownskirlle  19. 4/3, 46.19 E. F. Delle Pocal	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case with is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

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correct age



#### CERTIFICATE OF DEATH

correct age	2411 N. Charles St., Baltimore &				
rreci	CERTIFICAT	TE OF DEATH Reg. Diat. No. 2			
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
.41	City or town	State			
efull y and	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
ormation carefully death clearly and	1335.15	Street No			
tion h c	How long in hospital or institution?  3. (a) FULL NAME	2.(a) It veteran, name war			
	Donsy V. Cal	3. (b) Social Security Number			
	4. Sex 5. Color or race 9.6a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
item of	June Colorell Wellow	20. DATE OF DEATH MILE 2,21 18 46 01 3,30 A M			
y it	6.(6) Name of husband sc wife All a All a All a Collegen	21. I CERTIFY that death occurred on the dale above stated; that lattended deceased from			
Supply every lease write th	7. Birth date of deceased (mo., day, yr.)	and that I last saw h. A. alive on March 2 2 19 4 (			
pply w e	8. AGE: Years Months Days If less than one day	Immediato cause of death DURATION			
Supp	60 8  hrsmin.	apolypy 2 day			
INK.	9. Birthplace	Due to.			
ADING INK Physicians: 1	1D. Usual occupation.	Due to. Applitances.			
Phy	11. Industry or business				
T.	12. Name Alanel Tongs.	Dither conditions.			
	× 00 / (1)/	(Include pregnancy within 3 months of death)			
WITH	14. Malden name. The state of t	Major findings of operations.			
22	16. Interment Dollara Johnson				
ILY siall	Address 1/3 Sa- At Amalaka	Autopsy results			
PLAINLY, is especially	1. B. 1:1 mes 2.5/4/	22. VIOLENCE: If death was due to external causes, fill in the following:			
G S	(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide Date of			
E	Cemetery or crematory	Where did injury occur?			
WRITE	Location The Location	Injured at home, farm, Industry, public place (where?)			
	18. Funeral director 50	Means of injury Injured at work?			
AS	Address / Carring Some to	1 All h			
PLEASE	19. March 25, 19 46 1 - 0.0 mist	23. SIGNATURE.  M. D. or other  3/22/1/4			
	(Daw lee d by legistrar) Registrar	Address J. J. W. Date signed			

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MAR 27 1946

BUREAU

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

02297 23

CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ca. Ca.	med G.G
City or town	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 337 West Rd.
	Street No
How long in hospital or institution?	2.(a) If reteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Robert Mosher Cha	punau 213-05-6217
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Weite Married -	20. DATE OF DEATH. March 34 19.46, at 11:30/
6.(b) Name of husband or wife Va. Butle Chapman 56	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
The second state of the second	and that I last saw hear alive on Measel, 3 7 19/97
deceased (mo., day, yr.) Merch 29- 1812	Immediate cause of death
8. AGE: Years Months Days If less than one day	Dardio-Vescular divar 6yn.
73 (1 25hrsmin.	
91 mais	B - 4.
9. Birthplace (Town, county, and state)	Due To
10. Usual occupation a herical	,
Brookline	Due fo.
11. Hausti of Business ?	Other conditions Trype & Vires 10 days
12. Name 12. Name 9. 9. 9.	
	(Include pregnancy within 3 months of death)
14. Maiden name Mangaset Darling 15. Birthplace 7-4	
5 11	Major findings of operations.
	- Date of op.
Mrs. Virginia Chapman	Antopsy results.
Address 327 Maple Ave., Linthicum, Md.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
1	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Bare Safe thereof 3/27/46 (Burial, cremation, or removal. Whichi) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Woodlawn Cem.	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory Woodlawn, Md.	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director WM. J. TICKNER & SONS	Means of injury Injured at work?
Address Balto., Md.	23. SIGNATURE Shar. R. Sale & ms
3/26 V6 D 4. No.	23. SIGRATURE. M. D. or other
(Date rec'd by registrar)	Address & withing Oate signed 3-14-4

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and logibly.

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02298

			TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH:  County			2. USUAL RESIDENCE (HOME) OF DECEASED:
How long In hospital or In	nstitution?		(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Gertru	de Chase		3. (b) Social Security Number
4. Set	5. Color or race	6.(a)Single, married, widowed, or divorced  Married	MEDICAL CERTIFICATION  2D. DATE DF DEATH MARCH 11, 19.46 21.5
8.(b) Name of husband or  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years			21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
Parole, Md.  9. Birthplace			n. Due to.
11. Industry or business    12. Name   Rich		loway	Diher conditions  (Include pleghaner within 3 months of death)
14. Maiden name. Jennie Diggs 15. 8irthplace Md.			Major fiadings of operations
Address Buri	port Md.	Date thereof March 14, 19 (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistic  22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory Brewer Hill Annapolis, Md. Location			Where did injury occur?
18. Funeral director J.B. Johnson  Address Annapolis March 14. 18 46			P3. SIGNATURE R. R. Rebravdon

Registrar Address.

W

19. March 14, 18 46.

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correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

#### CERTIFICATE OF DEATH

Reg. Dist. No. 28

					- M-	
1. PLACE OF DI	EATH: e Arundel (	County		2. USUAL RESIDENCE (HOME (For newborn infants give residence		
City or town Crownsville, Waryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 year 15 days			State Maryland County Wicomico  City or town. (If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution,	or street address where	death occurred:	***************************************	Street No. unknown	mino, with around one give	arear of the state
Crownsy	ille State	Hospital		Street No	give LOCATION)	
How long in hospital	or institution?2y.	ear, 15 da	у8	2.(a) If veteran, name war.		
3. (a) FULL NAM	AE.	- HESTER			3. (b) Social Securi	ity Number
4. Ssx	5. Color or racs		ed, widowed, or divorced			
female	black	wid		MEDICAL 20. DATE OF DEATH. March 11	CERTIFICATION	6 46:30 P
	d or wife		ve, give ageyears	21. I CERTIFY that death occurred on the da February 26	te above stated; that I attended d	eceased from
7. Birth date of	3 0770			and that I last saw heralive on	Maren II	1940
8. AGE: Yea	ers   Months		ess than one day	Immediate cause of death	clerosis	Known to
		OWIT	hrs min.		***************************************	us since
11. Industry or busine	Housewr	county, and state)		Due to		2/26/44
12. Name	unknown			Other conditions Senile Psy	chos <b>is</b>	Known to
12. Name	unknown					us since
	Sarah	?		(Include pregnancy with	in 3 months of death)	2/26/44
14. Malden nam	e	***************************************	***************************************	Major findings of operations		
	unknown					
16. Informant	Hospital R	ecords		Antonsy results.		***************************************
Crowneyilla Wamrland		PHYSICIAN: Please underline the cause	to which death should be charg	red statistically.		
" bus	on, or remoyal, Which		3/25/46 (month) (duy) (year)	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide		
Cemetery or crema	atory Hos	Pollal	00.	Where did injury occur?(City or to		(State)
Location	Marine	- cuce	YM	Injured at home, famp, industry, public pla		***************************************
18. Funeral director.	Suft	1		Meens of Injury	Injured at w/k?	6- 1
Address	1. 46 - 11)	370	La Rosse	23. SIGNATURE	V. Minet	Pous D. or other
19. (Date rec'd by	registrar)	2 U.J.	Duc Registrar	Address Crownsville, Ma	aryland Date sign	ed 3/11/46

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MAR 27 1946

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2411 N. Charles St., Baltimore (83-0)

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#### CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	1 2 HERIAI DECIDENCE (FIORAGE) OF DECEASED
$\Lambda\Lambda$ . $\Lambda\Lambda$	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborp infakts give residence of mother)
County	Slate. County a. a.
(If outside city or town limits, write RURAL and give nearest town)	/ ma 1 244
Now long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, instilution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Wary E. Wailey	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL OFRTIFICATION
Fremale Col. Single	20. DATE DE DEATH March 24 1946 21 8 30 F
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased trom
A	4 19 19 17
7. Birth date of deceased (mo., day, yr.) March 12 1905	and that I last saw had alive on wareh 4 7 2 19 4 4
8. AGE: Years   Months   Days   It less than one day	Immedia Cause of death
S. AGE: 10ars months bays (11css man one day)	received walnuming young
4   / /hrsmin.	Α
Grosen a.a. Co., Mid.	Due to Afy kerlension.
9. Sirthplace	
10. Usual occupation Armels Co.	4
A V A	Due to
11. Indostry or business	
12. Name. Les. Warley 13. Birthplace Worsey, G. Q. Q., U.d.	Diher conditions
\$ 13. Birthplace worsey a. a.a. ud.	
El Plane Callago	(Include pregnancy within 3 months of death)
14. Maiden name Plina Culves 15. Birthplace A A A. Co., W.d.	Major findings of operations.
E 15. Birthplace A A A. A. A.	Date of op.
16. totorment Certhing Dailey	Autopsy results
Marga Made /	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1 20 Colon, Mar.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Surel Pate thereof 3/2/140	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. A St. Marks	Where did injury occuf?
Kidgs Al.	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director. W. C. Wille C., Mc.	Means of Injury Injured at work?
1 2 4 4 A	Man last I have last
Address Paul 1	23. SIGNATURE WANTED THE ME IN . W.
" May 20 "HG Olara Montich	M. D. or other
(Date rec'd by registrar) Registrar	Address Davage Ma . Date signed 3726/46

VS A15

THE REPORT OF THE PERSON AND THE PER





2411 N. Charles St., Baltimore 36-

BU

#### CERTIFICATE OF DEATH

			CLRITICAL	Rog. Diat. No	
City or town	Arundel Comsville, Mutside etty or town ling of death? 26 street address where to ille State Institution? 26	aryland nits, write RU days days Hospit days	RAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	ve nearest town)
4. Sex	5. Color or race		married, widowed, or divorced	MEDICAL CERTIFICATION	7
male	black		idower	20. DATE OF DEATH. March 11 19	
7. Birth dale of deceased (mo., day, y 8. AGE: Years	June 14	., 1906 Days	If allve, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attende February 13 19.46 to March and that I last saw h. im alive on March 10  Immediate cause of death.  General Paresis	19 46 19 46
9. Birthplace	unknown	27	hrs. min.	Due to	2/13/46
12. Name	James E. Da Jeathsville	Boone	h Carolina Carolina	Other conditions	
Address C  17. Buried (Burial, cremation Cemetery or cremato Location Wes.	rownsville cremoval Which? Mt. Aul stport, Ma Mrs. Kat	Oate thereo ourn ryland is R. W	(month) (day) (year)  illiams  t., Balto., Md.	Autopsy results  PHYSICIAN: Please underline the cause to which death should he ch  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	(State)
19. 3/14 (Date sec'd by re	19 4 6		3.le. He dreit		d. D. or other gned 3/11/46

Exact statement of OCCUPA: PHYSICIANS should state CORD. Every item of infor--WRITE PLAINIT, WITH UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12302
1. PLACE OF DEATH	(N-2)
County QNNE FIRON ds/	Registration Dist. No. 25
Village or City ARnold	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
3 / 0	osds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME DAK DAKA TT. Joy	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	much 8 191 46
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO OF W. 1/200, T. 1/2400, T. 1/24/E	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	1 last saw h. A. alive on 19 46: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8 2 2 1 day,hrs	were as follows:
9 Trade profession or particular	Marsanditis Date of one et
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Thysardial Quantlucenes T
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at 11. Total time (years)	astris Eslivais
O 10. Oate deceased last worked at this occupetion (month and spart in this occupation occupation	
Gesman	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Car, 1- pours, Chites disting
13. NAME ON dead Despet	
13. NAME  14. BIRTHPLACE (city or town)  Control  Control	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Quine Topp.	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town).	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Family (Address) Curilly Held	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
14 200	Nature of injury
19. UNOERTAKER  (Address)  Jo 6. To Take	24. Was diseese or injury in any way related to occupation of deceased?
20. FILEO March 10, 1946 Ida Mr. Is Gulena. Registrar.	(Signed) Arange C. Paril M. D.  (Address) line analis Mousland
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

#### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and rel of importance were as follows:	ated causes Data of onset
1915	Attack of epilepsy   P	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	2 3
	TO THE COMMENT	
May 1,1923	Other contributory causes of importance: 1,1923 Gastroenteritis	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and rel of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importa



Dr. Charles L. Ball 203 West Maple Road Linthicum Heights

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 480

# CERTIFICATE OF DEATH

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11/10/10/10/10	
02303	

Reg.	Dist.	No
	UK	000

1. PLACE OF DEATH:  County Brooklyn A.A. Courty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Rolling Bolling	State Maryland County Brooklyn AAlcust
(If outside city or town limits, write RURAL and give cearest town)	City or town. (if outside city or town limits, write EURAL and give nearest town)
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
700 Church Street	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Mary A. Drinks	3. (b) Social Security Number
4. Sex 5. Color or race   6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
female   white   married	20. DATE DF DEATH. Merch 5th, 19 46 at m
8.(b) Name of husband or wife. James Lee Drinks	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Control 19.45 to Marcel 5 18.46
7. Birth date of	and that I last saw her alive on Morah I 19.45
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
0, 1100.	Cancer - cerv up - 18 yrugs
	(adeno-coverisma)
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to.
10. Usual occupation at home	
11. Industry or business	Due to
量 12. Name John Mc Cormick	Other conditions Type Management 4 900
Ireland	
14. Malden name Catherine Degnan	(Include prognancy within 3 months of death)
15. Birthplace Ireland	Major findings of operations
	Date of op.
16. Informant Mr. James Lee Drinks	Autopsy results
Address 700 Chruch Street	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof Mar. 9, 46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Holy Cross	Where did injury occur?
Location Baltimore Co.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Leonard J. Ruck	Means of injury Injured at work?
Address 5305 Harford Road-14-	23. SIGNATURE Chas. L. Bace of MS
10. 3/8 10.46 A.W. Heful	M. D. or other
(Date cec'd by registrar)	Address Linthiceman Baja closed 5-5-1946

## CERTIFICATE OF DEATH

02304 Rog. Dist. No. 28

2411 N. Cha	arles St., Baltimore 8300	02364
CERTIFICA	ATE OF DEATH	Reg. Diat. No. 28
1. PLACE OF DEATH:  County Anne Arundel County  City or town. Crownsville, Maryland  (If outside etty or town limits, write RURAL and give nearest town)  How long in above place of death? 13 years, 8 months  Mospital, institution, or street address where death occurred:  Crownsville State Hospital  How long in hospital or institution? 13 years, 8 months  3. (a) FULL NAME	State Brown City or town (If outside city or town)	Frince George's County
EVANS - DANIEL		
i. Sex 5. Color or race black 8.(a) Single, married, widowed, or divorced widower		CERTIFICATION  19 46 31 5:50A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the data	te above stated: that I aftended deceased from 19. 32, to March 14. 19. 44  March 13. 19. 44
8. AGE: Years Months Days If less than one day 99 unknown ——hrs. ——m	Immediate cause of death Hemorrh	age 5 days
9. Birthplace Maryland (Town, county, and atate) none 10. Usual occupation 11. Industry or business	Due to. General Arter	iosclerosis
John Evans  12. Name	Other conditions Senility (Include pregnancy with	nin 3 months of death) 7/14/32
15. Birthplace Maryland	Major findings of operations.	Date of op.
Address Crownsville, Maryland  17	PHYSICIAN: Please underline the cause  22. VIOLENCE: If death was due to extern  Accident, suicide, or homicide	to which death should be charged statistically.  In tale causes, fill in the following:  Date of
18. Funeral director. Supt —  Address  19. Man (1) 19. 4	23. Signature 23. Address. Crownsville, Ma	M. D. or other aryland Date signed 3/14/46

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1	County .		04.	<b>-</b>	0001
de city or town l	imits, writ	e RURAL s	nd give neare	st town)	•••
1) 1/0	n.	2	and a	14	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Sommeholes	State State County A - Of -
(If outside city or townsishin, write RURAL and give nearest town)	
How long in above place of death?	Cily or town
Ha Plusint at	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Otobert &	huy-
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mall colored mushell	20. DATE DE DEATH Mass. 3 19.4/4 217.05 N
6,(b) Name of treehand or wife Asellane Glang	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If alive, give age years	700 2 18 4 6 to March 3, 18 4 6
7. Birth date of deceased (mo., day, yr.) 7 7 20 1892	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
63 2 22hrs. min.	Hyperlensiil Carche Hoseler Prans
2. Birtholace Bust hort Poul.	Due to Jupentensin 3 Mon
9. Birthplace (Town, county, and state)	
1D. Usual occupation	Due to Metral Insufferm
11. Industry or business	// 6
12. Name 12. Name 13. Birtherface 2000	Dither conditions
	(Include pregnancy within 3 months of death)
E 14. Malden name Landy	Major findings of operations
15. Birthplage	Date of op.
16. interment salphine Bruce	Autopsy results.
Address 46 Pleasant St	PHYSICIAN: Please underline the cause to which death should be charged statistically.
121 21/11/	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof (month) (hay), (yesr)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location At 12 miles (Co.)	Injured at home, farm, Industry, public place (where?)
18. Funeral director Jaff 31 Standard	Means of Injury Injured at work?
Address	Harles Al ( P. M.
ma la la III	A. SIGNATURE M. D. or other
19. U Que rec'd by registrar) 19. To	Address 40 Avilhola Sheet Date signed 3/5/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

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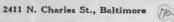
#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (89-4) CERTIFICATE OF DEATH Reg. Dist. No. on carefully. The correlearly and legibly. 1. PLACE OF DEATH: Anne Arundel Co. 2. USUAL RESIDENCE (HOME) OF DECEASED: Annapolis Md. state Maryland county A.A.Co. City or town.....(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 52 yrs. Hospital, institution, or street address where death occurred. Street No. 2T Obrine Court 21 Obrine Court (If miral, give LOCATION) information Now long in hospital or institution?..... 2.(a) If veteran name war of death 3. (a) FULL NAME 3. (b) Social Security Number Elnore Hebron None 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION BINDING march 21 Col. Widowed Female 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(6) Name of husband or wife. John Hebron 1876 march 21 FOR 7. Birth date of June 15.1892 deceased (mo., day, yr.) K. Supply please wri DURATION tf tess than one day 8. AGE: Months MARGIN RESERVED .....hrs. 9 9. Birthplace Annapolis, Maryland (Town, county, and state) ADING INK. Physicians: 1 10. Usual occupation Housewife 11. Industry or business E 12 Marre LaBenuColbert 13. Birthplace Annapolis, Maryland 12 Name IdBenuColbert important. (Include pregnancy within 8 months of death) Major findings of operations..... 16 Interment Richard Hebron PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 2T Obrine Court 22. VIOLENCE: If death was due to external causes. fill to the following: Date thereof Mar. 24, 1946 (month) (day) (year) 17.....Burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur? .....(City or town) Cemetery or crematory Brewer Hill Cemetery WRITE (County) Location West Street Extended Injured at home, farm, Industry, public place (where?) ..... Means of Injury Injured at work? 18. Funeral director ess Mrs. Charles E. Hicks Address 1.5 Northwest Street M. D. or other

MAR 23 1946 BUREAU V.S.

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

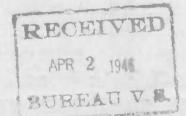


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CERTIFICATE OF DEATH

1				100 1	
100	Dan	Dist	No	21	

1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME  Erior Levra Holli	3. (b) Social Security Number
6.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less thad one day  hrs. min.	MEDICAL CERTIFICATION  20. DATE DF DEATH.  21. I CERTIFY that death occurred on the dath of stated; that suttended deceased from  10. The State of March 28, 19. 46  Immediate cause of death.  DURATION  DURATION
9. Birthplace	Due to.  Other conditions  (Include pregnancy within 3 months of death)
14. Maiden name  15. Birthplace  16. Informant  Address  (Burial, cremation, or removal, Which?)  Date thereof. Quality (year)	Major findings of operations
Cemetery or crematory  Location  18. Funeral director  Address  19. March 3 0.19 4 6	Where did injury occur? Matheway The Country (Country) (State)  Injured at home, tarm, industry, public place (where?) In Anna Reas Rossue  Means of injury Laundy Touch tran oreshipjured at work?  23. SIGNATURE M. D. or other  Address VIMA FOLK Matheway Bate signed 3/29/46



2411 N. Charles St., Baltimore 92

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TT		1	DE		TIT		

23. SIGNATURE Clas & Soce

M. D. or other
Date signed 9-28-46

CERTIFICA	IE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State  County  County  ARME  ARMODEL  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
MARY KEB	ECCA HOPF
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W MARRIED	20. DATE OF DEATH MARCH 28 1946 21 12:15 P
8.(b) Name of husband or wife WILLIAM HENRY HOPE	21. ACERTIFY that death occurred on the date above stated; that I attended deceased from
8. (c) If alive, give ageyears	and that I last saw h alive on mar. 28
deceased (mo., day, yr.) FEB. 24/87/	Immediate cause of death
8. AGE: Years Months Days If less than one day	Carlie Vascular Discour & Ma
9. Birthplace #AGERS TOWN, MD. (Town, county, and state)	Due to Orlerio - Selection - 10 gp.
10. Usual occupation	Due to
11. Industry or business NONE	
12. Name CHRISTUPHER G. WEST  13. Birthplace UNION, N. Y	Other conditions
13. Birthplace UNION, N. Y  14. Maiden name SALLE K. JAMES  15. Birthplace HARTFURD CO MD	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthplace HARTFURD CO MD	Qale of op.
16. Informant MR WILLIAM H. HOPF	Antonay results
Address SEVERNA PARK MO	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?)  Date thereof. 4// 46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory MT. OLIVET CEMETERY	
Location FREDEICH AUE	Injured at home, farm, Industry, public place (where?)
CIBLLIF. DEMAN IAC.	means of injury

Registrar

Address.d

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Address

19. 3-29 (Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

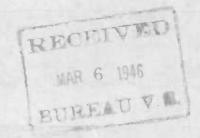
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2411 N. Charles St., Baltimore 940

CERTIF	CICATE	OF	DEATH

Reg. Dist. No....

CERTIFICATE OF DEATH				
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State May A County NA E AYUNAE  (It outside city or town limits, write RURAL and give nearest town)  Street No. Mayah APE  (If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If voteran, name war			
3.(a) FULL NAME	3. (b) Social Security Number			
4. Sex   5 Color or race   6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION			
temale white (Widow).	20. DATE OF DEATH 2 aren 3 19 46 at 12 45 PM			
8.(b) Name of husband or wife Tose ph Mc Flasty Con X	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
7. Birth date of deceased (mo., day, yr.) NOVEM BCY 13 "1872"	and that I last saw h			
8. AGE: Years Months Days If less than one day  72 3 8	Consumary Sumbors, DURATION			
9. Birthplace Gui Foyd Howard Co Md. (Town, county, and state)	Due to Hyperlension			
1D. Usual occupation	Due to			
11. Industry or business OWN Home				
E 12. Name Louis Degrapph  13. Birthplace UNKNOW M	Dither conditions			
w) 1, 1,	(Include pregnancy within 3 months of death)			
14. Malden name UN KNOWN  15. Birthplace UN KNOWN	Major fiadiags of operations.			
141:11:	- Date of op.			
16. Informant William L. January	Autopsy results			
Address Vachton, Ma 11.1-2	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, cremation, or removal. Which?)  Date thereof ANC 15 1911  (month) (day) (year)	Accident, suicide, or homicide			
Cemstery or crematory Waugh Chape	Where did injury occur?			
Location Ofen ton Md R.FD,	Injured at home, farm, industry, public place (where?)			
18. Funeral director Tromas W Long Con	Meens of Injury Injured at work?			
Address Glew Burnie, And.	FHMas Nomas			
19. 3/4 1946 Arrella (Dato réc'd by registrar) 1946 Registrar	23. SIGNATURE M. D. or other  M. D. or other			



2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

02313

	Reg. Dist. No.
1. PLACE OF DEATH: County Live and County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown.	State Mac County Clane County
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	City or towns and Company
How long in above state of death?	(If outside city town links, wine total AL and give nearest town)
	Street No
How long in hospital of institution?	2.(a) if veteran, name war
3.(a) FULL WAME E. John.	3. (b) Social Security Number
4. Sex S. Color or race 6,43 Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+ 10 Widow	20. DATE OSPHAR Cle 17-4196 at 2P. M
6.(b) Name of husband of will serve	21. I CENTIFY that death occurred on the date above stated: that Lattended deceased from
7. Birth date of Co. (c) If alive, give age year decayed the co. (decayed the co. (e) If alive, give age year.	and that I last saw h
8. AGE, Years   Months   Days   If less than one day	Immediate cause of death DURATION
44  hrsmir	Ocito Heart Vaile
9. Birthplace Haylor A. Co. M. C. (Toyfi, county, and state)	Due to.
10, Usual occupation	
11. Industry or business	Oue to
	Mrone Chrance
12. Name that the torce	other contions Intercular
	(Include pregnancy within 8 months of death)
14. Maiden nage and a children of the form	Major findings of operations.
2 15. Birthplace	Bate of op.
16. Intermant	PHYSICIAN: Please onderline the cause to which death shoold be charged statistically.
Address flenturme my	22. VIOLENCE: If death was due to external causes, fill in the following;
(Butial, cremation, or renjoyal, Which?)  (Butial, cremation, or renjoyal, Which?)	Accident, suicide, or homicide
Gemetery or crematory. Havemacle Cem.	When did later assess
The lad Court	
Cocation Color to the state of	Injured at home, farm, industry, public place (where?)  Means of Jujury  Injured at work?
18. Funeral director Case State Stat	1/-1/1/1/18
Address 9/8 Dund Hell We, Galts M	22 King skilled / 4
19 March 18 19 46 mersealla	M. V. or other
(Date rec'd by registrar) Registrat	Address De Story Out On Page Story

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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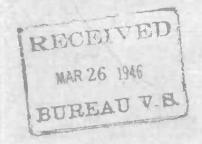
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

Diat. No. 26

1. PLACE OF DEATH Anne	i: Arundel			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a	F DECEASED:	
1)	0010		***************************************	State Md County A . A .		
City or town(If outside	de city or town li	mits, write R	URAL and give nearest town)	Doolo		
How long in above place of d	eath?	7100	***************************************	City or town	, write RURAL and give nea	rest town)
Hospital, Institution, or stre	et address where	death occurred	:	Street No.		
***************************************		****************	• • • • • • • • • • • • • • • • • • • •	(If rural give	LOCATION)	
How long in hospital or inst	Itution?	***************************************		2.(a) if veteran, name war	***************************************	***************************************
3. (a) FULL NAME		+	//		3. (b) Social Security	Number
2	m. 7	rely	tropp.		none	
4. Sex 5.	Color or race	6.(a)Vingle	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male   w	hite	mar	ried	20. DATE OF DEATH March	21 19.46	al 8:15P M
8.(b) Name of husband or w	Ida	J. Kn	opp	21. I CERTIFY that death occurred on the date above	ve stated; that I attended decea	sed from
			) if alive, give ageyears	march L1 19		
7. Birth date of deceased (mo., day, yr.)	March			and that I last saw h	arch 21	19.14
8. AGE: Years	Months	Days	I If less than one day	Immediate cause of death		OURATION
74	0	7	hrsmin.	Comany His	mbres	***************************************
Dea	le Md.			. Calturdingia		
9. Birthplace	(Town,	county, and s	tate)	Due to.		******************************
10. Usual occupationW.	atermar	1			***************************************	·····
11. Industry or business	Sea	food		Oue to		***************************************
	eph Kno	pp				***************************************
Y 13 Richniace	Germar	1,y	***************************************	Other conditions		***************************************
	Mary Mi			(Include pregnancy within 3 m	onths of death)	
14. Maiden name				Major findings of operations	***************************************	••••••
	Germa				Date of op	
18. Informant Ida				Antopsy results		
Address Dea	le, Md.	-		PHYSICIAN: Please underline the cause to whi	ch death should he charged s	tatistically.
" Buriol		Onto the	3/21/16	22. VIOLENCE: If death was due to external caus	es, fill in the following:	
17 Burial (Burial cremation, or r			of 3/24/46 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Mt.	Zion	***************************************	Where did injury occur?(City or town)	(County)	(State)
Location	otjian,	Md.		Injured at home, farm, Industry, public place (whe		
	.A.Har			Means of injury	injured at work?	
	0-7	1770	MA	~ 4 1.	1 .	
Address	Galesv:	TTT6	O D h L	23. SIGNATURE Link H-	relem, m S	
19. Mary. 2	2,046	• •••••	J. 13. New	Address Lathian, n		r other 3/1 2/44
			m-op-orex	Manicog	Date alkned	4 F



2411 N. Charles St., Baltimore 13/20

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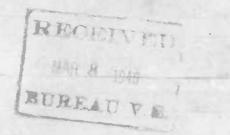
### CERTIFICATE OF DEATH

CERTITION	Keg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Ror pewborn infants give residence of mother)  State  County  County  WNR  41-39x  Streef No. 11 outside city or town limits, write RURAL and give nearest town)  Streef No. (If rural, give LOCATION)  2.(a) If veteran, name war.
B. (a) FULL NAME	3. (b) Social Security Number
Joseph Koppe	old None
Sex   5. Color or raco   6.(a) Single, married, widowed, or divdrced	MEDICAL CERTIFICATION
Male White Widower	20. DATE DF DEATH March 4 1846 a1/0.
S.(b) Name of husband or wife Pauline Koppold.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth data of	hamary 4 1843 to march 4- 1841
1.0111110011011	and that I last saw have allve on march -3 - 19 Kb. 19
deceased (mo., day, yr.) January 10, 1861	Immediate cause of death
o. Add:	2
19 1 25min	1. Heart faille 6 days
. Birthplace (Town, county, and atate)	Due to write I sufferency 1/4/46
D. Usual occupation J-ayming-(Ketifed)	Jue to
1. Industry or business OWN FayM.	Chanis Interstetil mephretis. Sind/4/
12. Hame UNKNOWN	Other conditions
13. Birthplace GEYMANY	
# // N/K N/ON/N/	(Include pregnancy within 3 months of death)
14. Maiden name.	Major findings of operations
E 15. Birthplace (FEYMANY	Date of op.
16. Informant MYS 1-Year Sch w/72	Autopsy results
Address Millers yille, Md.	
73 3 - 1 /	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory GICN HAYEM	Where did injury occur?(City or town) (County) (State)
Location Glen Burnie Md	Injured at home, farm, Industry, public place (where?)
Thomas (1) Suraliti.	Means of Injury Injured at work?
18. Funeral director. DM AD	
Address How Milmie Mil	23 SIGNATURE Existant A taulers Mil.
Aurelia moreale	M. D. or other
(Date rec'd by registrar)	Address Slew Reis will W.S. Date signed 3/3/He.

PLEASE WRITE PLAINLY,

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correct age



2411 N. Charles St., Baltimore 520

119911

7	N	U	L	넯

6 all:10 P

CERTIFIC	CATE	OF D	EATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Anne Arundel County Annapolis, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 months 9 days Hospital, Institution, or street address where death occurred: U.S. Naval Hospital, Annapolis, Md. How long in hospital or institution? 3 months 9 days	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number

Hospital, Institution,	or street address where .S.Naval Ho	spital	Street No. 4212 Grovela	, give LOCATION)	
3. (a) FULL NA!					3. (b) Social Secu
4. Sex Male	5. Color or race White	6.(a)Single		L CERTIFICATION Warsh 194	
The second secon	O-mh -mh		) If alive, give age	years and that I last saw h	14 march
8. AGE: Yes		Days 26	If less than one day	Left 00	<u>U</u>
10. Usual occupation 11. Industry or busin 22 12. Name	Captain, U ess Herman Lent Germany	.S.M.C.			5 Let Lung
15. Birthplace  16. tnformant	U.S.Naval H Annapolis,	Md. Date there	month (day) (year)	Major findings of operations.  Autopsy results. H. Y.P. F. N. PHYSICIAN: Please underline the cause	Bate of op.  Bate of op.

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING DURATION PLEASE WRITE PLAINLY, WITH UNI is especially important. arged statistically (State) Injured at home, farm, industry, public place (where?) .... Injured at work? Meens of injury Address 23. SIGNATURE. Registrar

VS A15

The correct age

Red 15
3/16/44

S. STA EMALSTONIA LEGIS

### ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. 1. PLACE OF DEATH: County. te RURAL and give nearest town) City or fowe. (If outside city or town limits, wy How long to above place of death? 3. (a) FULL NAME 4. Sex 5. Color of race, 6.(d)Single, married, widowed, or divorced MARGIN RESERVED FOR BINDING 6.(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Morths Days If less than one day WITH UNFADING INK. (Town, county, and state) 9. Birthplece. cy 10. Usual occupation. 2065 11. Industry or business FATHER important. 13. Birthplace MOTHER 14. Malden name 15. Birthplace PLEASE WRITE PLAINLY, v Address Buyia (Burial, eremation, or removal, Which?) 1ay 3 194 (month) (day) (year) 16. Funeral director. VS A15 Address Address Humabous Registrar

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 982

### CERTIFICATE OF DEATH

w 02315 ,

... Date signed 2/1/46

	E OI DEATH	Reg. Dist. No
7	2. USUAL RESIDENCE (HOME) OF DECLE (The whorn in facts give residence of mother) State County County County City or town County City or town limits, write  Street Ro. (If rural, give LOCAT	Augh Arundel RURADand give nearest town)
2	2.(a) If veteran, name war	
	3.(i	b) Social Security Number
-	20. DATE OF DEATH. March	1. 19.46., et
rs	21. I CERTIFY that death occurred on the date above stated  RAPEL 19.46	10 March 1 19 Ha
	and that I last saw h	19.4.6
1.	Immediate cause of death	g Heart Flass
	Due to Afferial - Might	teusin Zyeans
-	Other conditions	of death)
.	Major fludings of operations	***************************************
-		Bate of op
· ·	PHYSICIAN: Flease underline the cause to which deat	h should be charged statistically.
-	22. VIOLENCE: If death was due to external causes, fill I Accident, suicide, or homicide	
		(County) (State)
-	Injured af home, farm, Industry, public place (where?)	1 . 1
	23. SIGNATURE Stur M. Cary	Injured at work? Deputy  M. D. Markanene



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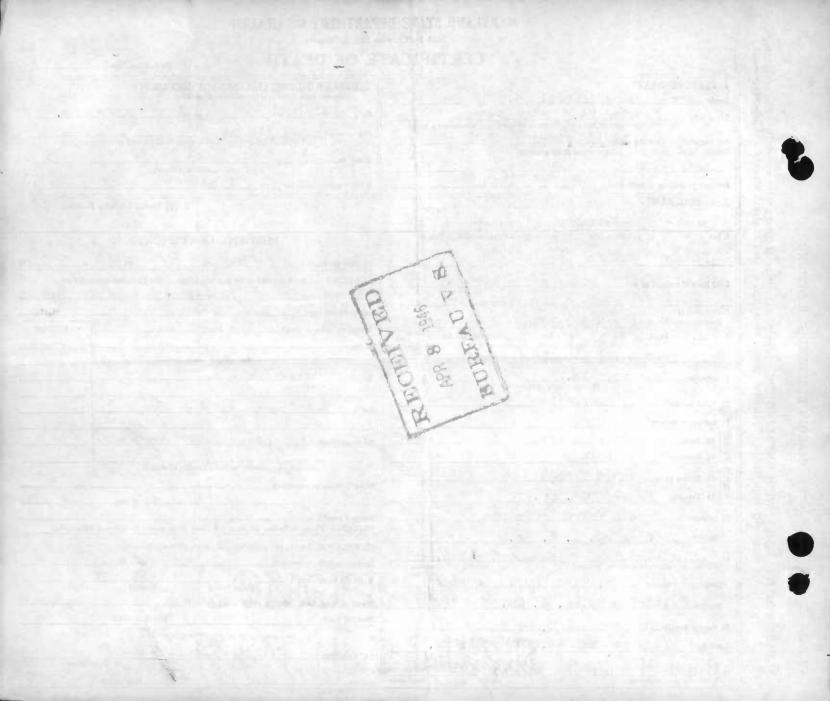
MARYLAND	STATE	DEPARTMENT	OF	HEALTI
MILLIAN TOWNS	JIMIL	DELARIMENT	VII.	DECALI

2411 N. Charles St., Baltimore

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02335

			CERTIFICAT	Reg. Diat. No.	
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Anne Arundel Co.		D.e	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Lothian Md. (If outside city or town limits, write RURAL and give nearest town)			TTT A T	state Maryland county Anne Arundel (	.O.
(If outside city or town limits, write RURAL and give nearest town)  Now long in above place of death? 38 years		UKAL and give nearest town)	City or town		
Hospital, Institution, or street address where death occurred:					
Lothian	Md.	*****************	~~ <del>~~~</del>	Street No	
How long in hospital or	Institution?	****	********	2.(a) If veteran, name war	
3. (a) FULL NAME				3. (b) Social Security Num	1
	Floren	CO 1/a			iber
4. Seg	5. Color or race	distant,	gruder	None	
		111-		MEDICAL CERTIFICATION	
Female	Negro	1	Vidow	20. DATE OF DEATH 17 arch 31 19 46 at	9:30 Am
6.(b) Name of husband	or wife 조조조	*******	XXXXXX	21. I CERTIFY that death occurred on the date above stated: that I attended deceased	from
			) If alive, give age *** years	Jan 1943, 10 March 31	19.46
7. Birth date of			) it dute, give age warmwarmen years	and that I last saw her alive on march 1.5	19.4.Ce
	March 15	1886 Days	It less than one day	Immediate cause of death appropriate	DURATION
	77.7				moo.
60 60		16	hrsmin.		**************
9. BirthplaceBal	timore Md	<b></b>	***************************************	Due to Apptellensiste	P
			tate)		
10. Usual occupation		тта	***************************************	Due to Chronic Nephrilia	
11. Industry or business					
12. Name		***************************************	Other conditions mys Carditis Cheonic	*******************	
13. Birthplace Unknown					
14. Maiden pame	Annie The	omas		(Include pregnancy within 3 months of death)	
	alvert Co			Major findings of operations.	
			1	Date of op	*******************************
	9		eters	Antopsy results	
Address Loth	nian Md. A	A. Co	).		ucany.
17Burial		Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:	
				Accident, suicide, or homicide	
Cemetery or cremator	Mt. Zi	on Chui	cch Cemetery	Where did injury occur? (City or town) (Connty) (St.	ite)
Location Lot	hian Md.	A. A. (	Co.	Injured at home, farm, industry, public place (where?)	100000000000000000000000000000000000000
10 Eugenal diseases 1	me Chamle	- F U	cks	Means of Injury Injured at work?	
			The state of the s	103/1	
Address 45	Northwest	DU. AI	mapolis Md.	23. SIGNATURE J. 13. Hist	0×××000×× 0000000000000000
19 April	1946	1	7. Claylor	M. D. or oth	7//4/
(Date ree'd hy reg	istrar)		Registrar	Address Lathiau, on 9 Date signed 3/s	21/79

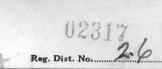


VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH



	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Anne Arundel	
City or town Deale, (If outside city or town limits, write RURAL and giv	e neurest town) Deale
How long in above place of death?	(If outsiducity or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION) none
How tong to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Wade Hamilton Marshall	none
4. Sex 5. Color or race 6.(a) Single, married, widow	ed, or divorced MEDICAL CERTIFICATION
Male   White   Married	March 7 46 11.45 P
6.(b) Name of husband or wife Annie E. Marsha	21. I CERTIFY that death occurred on the date above stated; that latjended deceased from
T. Birth date of Tanno 3.4.3 OFF	
7. Birth date of deceased (mo., day, yr.)  June 14,1877	and that I last saw h. sana. alive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If tess than	One day DURATION
68 8 23 h	College State State State Less Less Less
1	s
s. Birthpiace Eastern Shore, Md. (Town, county, and state)	Due to Mathe to the bullion
	I laft francisco and
10. Usual occupation	Due to La Stratellato
11. industry or business	
12. Name William Marshall   Md.	Dither conditions of the think the t
	(Ingude pregnancy within 3 months of death)
14. Malden name	
Fannie Marshall  14. Maiden name Md.  15. Birthpiace	Majur findings of uperations
16, informant Annie E. Marshall	
Donle Md	PHYSICIAN: Please underline the cause tu which death should he charged statistically.
Burial 3/10	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or crematory St. James	
Tracey's, Md	(course) (course)
Location	tnjured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Galesville, Md.	An 21-1
	S COM T 23. SIGNATURE. J. S. M. D. or other
19. Mar 10 1946 0.13. 1	10-10 29 4/2
(Date rec'd by registrar)	Registrar Address Date signed Date signed

masa sa ana atawa

BUREAU T.B.

### CERTIFICATE OF DEATH

	TE OF DEATH  Reg. Dist. No. 28
1. PLACE OF DEATH:  County. Anne Arundel County  City or town. Crownsville, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of down 2 days  Hospital, institution, or street addross where death occurred:  Crownsville State Hospital  How long in hospital or institution? 2 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stato
3. (a) FULL NAME  MAYS - CLINTON S.  4. Set   5. Color or race   6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number unknown
4. Sei male   5. Color or racs   8.(a)Singlo, married, widowed, or divorced single	MEDICAL CERTIFICATION  20. DATE OF DEATH. March 31 19 46 at 11:10A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended decessed from March 29  19. 46 March 31  19. 46  and that I last saw h. im. alive on March 31  19. 46
8. AGE: Years Months Days It less than one day unknown	Tuberculus Meningitis Known to us since
9. Birthplace (Town, county, and state)  10. Usual occupation. unknown  11. Industry or business unknown  12. Name unknown  13. Birthplace unknown	Due to
14. Maldon name unknown 15. Birthplace unknown	Major findings of operations
16. Informant Hospital Records  Address Crownsville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Buried (Burial, cremation, or removal. Which?)  Cemetery or crematory  Location  Rocky Mount, North Carolina  18. Funeral director Mrs. Geo. G. Kelson  Address 1303 Presstman St., Balto., Vol.  19. Address 1303 Presstman St., Balto., Registration (Date rec'd by registrar)	23. SIGNATURE M. D. or other

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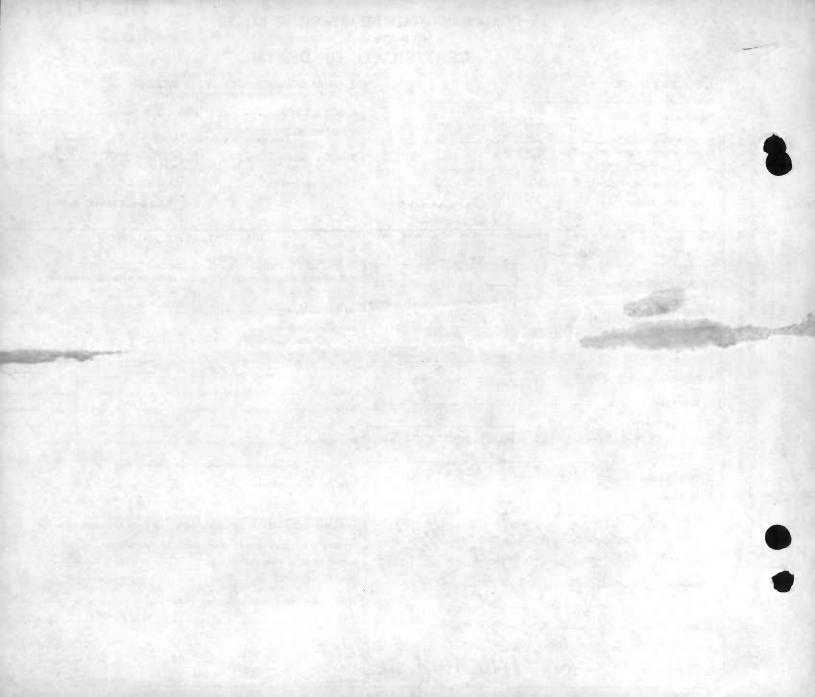
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APR 3 1946
BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

02519

CERTIFICA	ATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County A .	54.0
City or town	State County County
How long in above place of death2	City or lown (If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	The and Blances mil
Delegraph RQ.	
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Banner  Banner	Sucole 3. (b) Social Security Number
4. Sex 5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
3 x hu. Cospite Lungla-	
J. T. Juga-	20. DATE OF DEATH. March 31 9:45
6.(b) Name of hushand or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	/ 10 to the state of 19 to the state of 19 to
7. Birth date of deceased (mo. day, yr.) Morela 20 - 1946	and that I last saw have alive on March. 3 19 9
decembed (ma, day, y.,)	Immediate cause of death
8. AGE: Years Mooths Days It less than one day	Cerebral Harmon Trage 314
/hrshrs.	mia,
9. Birtholace Same Seel.	Due to Disticult Kobar
(Town, county, and state)	at love
10. Usual occupation	Due to.
11. Industry or business	Nue 10.
12. Name Logar Barrel Smale 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name effecte Hash -	Mejor Endings of operations
14. Malden name	Date of op.
2 22	Autopsy results.
18. Information	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
a De U	
Address Telegraph Reserve med	OR VEGS ENCE. If death was due to external square fill to the following:
had the same of th	OR VEGS ENCE. If death was due to external equate fill to the fallowing:
17. Burnel   Date thereof   March 23-4 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill to the following;  Accident, suicide, or homicide
had the same of th	OR VEGS ENCE. If death was due to external square fill to the fallowing:
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Date thereof  March 23-4  (moath) (day) (year)	22. VIOLENCE: If death was due to external causes, fill to the following;  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Date thereof	22. VIOLENCE: If death was due to external causes, fill to the following;  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Date thereof  March 23-4  (moath) (day) (year)	22. VIOLENCE: If death was due to external causes, fill to the following;  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Date thereof	22. VIOLENCE: If death was due to external causes, fill to the following;  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Location  Date thereof	22. VIOLENCE: If death was due to external causes, fill to the following;  Accident, suicide, or homicide



02320

2411 N. Charles St., Baltimore 1600

### CERTIFICATE OF DEATH



23

18		Reg. Dist. No.	
tion care <del>fully. The cor</del> th clearly and legibly.	1. PLACE OF DEATH:  County  City or town. Of the city or town limits, write RURAL and give nearest town)  How long in above place of death? Of the city or town limits, write RURAL and give nearest town)  How long in above place of death? Of the city or town limits, write RURAL and give nearest town)  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give residence of mother)  State  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.	
f information s of death cle	Violet Lean Miller.  4. Sex 5. Color or race (8.(a) Single, married, widowed, or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION	
causes	F. 100. 8	20. DATE OF DEATH March 5 19.46, 21 10.64.1	
FADING INK. Supply every it Physicians: please write the	8. AGE: Years   Months   Days   If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19	
	9. Birthplace Stalley P. O. Islew Burnsie  10. Usual occupation 200 11. Industry or business  11. Industry or business  12. Name to supplie of the supplies of	Due to	
WITH UNF	14. Maiden name Versus Krusley  15. Birthplace Pennsylvania.	(Include pregnancy within 3 months of death)  Major fiadings of operations	
PLAINLY, is especially	Address Sew Buril, ref RTD.  17 Buria, cremation, or remond. Which?)  Cemetery or crematory. TEM Haven	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If dealh was due to external causes, till in the tollowing;  Accident, suicide, or homicide	
PLEASE WRITE	18. Funeral director from an W. Bens Stom.  Address Hew Burnie, on L.	Injured at home, farm, Industry, public place (where?)  Means of Injury  injured at work?  23. SIGNATURE  M. D. or other	
E	19. (Dats rec'd by registrar)	Addresslew Buenie, mid. Dato signed 3/3/46	

VS A16-

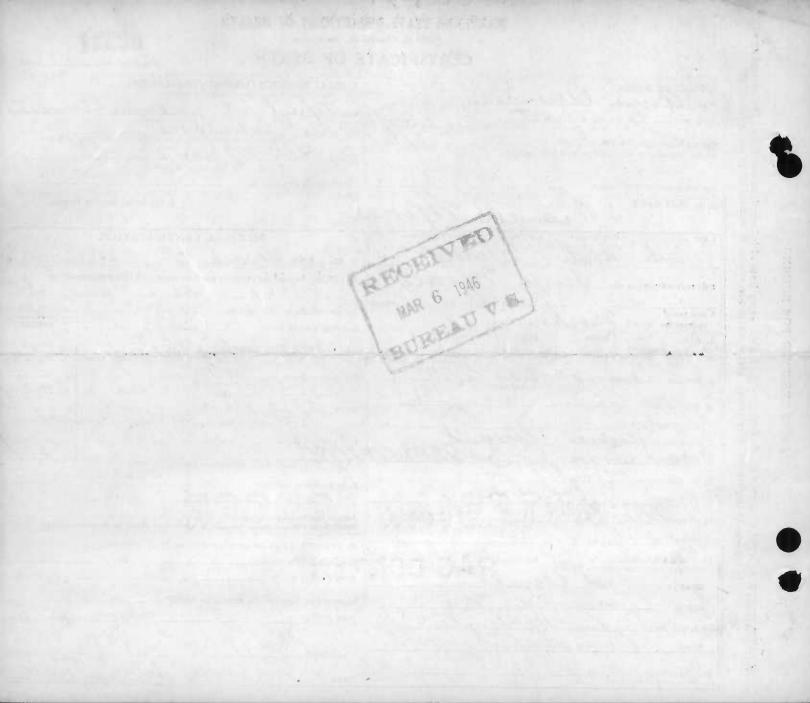
FOR BINDING

MARGIN RESERVED

RECLUS MAR 8 1946
BUREAU V &

### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 13/-01 CERTIFICATE OF DEATH Reg. Dist. No. 2 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: clearly and l How long in above place of death?. Hospital, institution, or street address where death occurred: information of death clea 2,(a) If veteran, name war..... How long in hospital or Institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING every item of ite the causes 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from S.(c) If alive, give age ......years deceased (mo., day, yr.) Supply DURATION If less than one day 11. Industry or bus (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... h) (day) (year) Where did injury occur? .....(City or town) injured al home, farm; findustry, public piace (where?) ..... Injured at work? Means of Injury

VS A15 9.



It less than one day

Registrar

MARYLAND STATE DEPARTMENT

### 2411 N. Charles St., Baltimore 940)

Date signed...

TE OF DEATH	Reg. Dist. No	2/
2. USUAL RESIDENCE (HOM (For newborn infants give reside) State City or town. (If outside city or town Street No. (If rural 2.(a) It veteran, name war.	County	
		- Addiber
MEDICA	L CERTIFICATION	
20. DATE OF DEATH Dresses	3 26 1944	19 5 P
21. I CERTIFY that death occurred on the d		
	19, to	19
and that I last saw halive on		19
Immediate cause of death	James	DURATION
Due to.	Thrombous	Ledde
Due to		
***************************************		
Other conditions	***************************************	**
(Include pregnancy wit		
Major findings of operations		
Autopsy results	Date of op	***********
PHYSICIAN: Please underline the cause	to which death should be charged	l atatistically,
22. VIOLENCE: If death was due to extern		
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or t	own) (County)	(State)
Injured et home, farm, Industry, public pla	ce (where?)	
Means of Injury	Injured at work?	

**VS A15** 

PLAINLY, WITH UNF is especially important.

PLEASE WRITE

MARGIN RESERVED FOR BINDING

8. AGE:

10. Usual occupation 11. Industry or business

(Date rec'd by registrar)

2411 N. Charles St., Baltimore

02323 21

CERTIFICA	TE OF DEATH Rog. Dist. No. 2	*********
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	•••••
minnie P moore		
4. Sex 7 5. Color or race B.(a) Single, married, wildowed, or divorced with the color of the col	MEDICAL CERTIFICATION  20. DATE OF DEATH March 8 19.46 21.9	Na
B.(b) Name of husband or wife Paul South Thousand South Sout	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from	19.196
7. Birth date of deceased (mo., day, yr.) affect 2 7 - 18 6 8  8. AGE: Years Jonths Days If less than one day	and that I last saw h	uration wito
11. Industry or business  12. Mame Without Stellmen  13. Birthplace Bernary  14. Maiden name General Journes  15. Birthplace Generaly	Dither conditions	
16. Informant me agner estronyleyer	Antopsy results	lly.
Address 2 4 The Address 2 (Burial, cremation, or removal, Wilch?)  Cemetery or crematory.  Date thereof. Charles (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following;  Accident, suicide, or homicide	
tB. Funeral director. B. T. Hopping	tnjured at home, farm, industry, public place (where?)	
19. March II. 19. 46 O O Merch Registration	23. SIGNATURE Gengl C / Base M. D. or other  Address Grand in the Bate signed 3-1	0·4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MAR 12 1946 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALT correct age 2411 N. Charles St., Baltimore (31-0) CERTIFICATE OF DEATH Reg. Dist. No... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Countylnne clearly and legibly (For newborn Infants give residence of mother) 9. Paraderia, Magolly Blace (If outside city or town limits, write RURAL and give nearest town) How long In above place of death? (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or sfreef address where death occurred: (If rural, give LOCATION) information of death cle 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i FOR BINDING 21. I CERTIFY that death occurred on the date above stated; that I affended deceased from ead years deceased (mo., day, yr.) ADING INK. Supply Physicians: please wr 8. AGE: MARGIN RESERVED 12. Name...... 13. Birthplace WITH UNFA (Include pregnancy within 3 months of death) 14. Malden no 15. Birthplace Major findings of operations..... LAINLY, especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? ..... (City or town)

Injured at home, farm, Industry, public place (where?) .....

Meens of Injury

Registrar

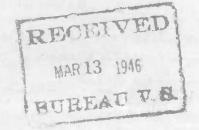
Injured af work?

VS A15

PLEASE

Address

19. (Date rec'd hy registrar)



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 598

### CERTIFICATE OF DEATH

	Reg. Dist. No.,	*****************************
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County C. C.	(For newborn infants give residence of mother)	
City or town & sullicement	State County a Co	•••••••
(If outside city or town limits, write RUKAL and give nearest town)	City or town Lavelice	
How long in above place of death?	(If outside city or town limits, write RURAL and give neares	t town)
Hospilal, institution, or street address where death occurred:	Street No. 311 6. Hellop 12d.	
41	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Nu	mber
Leorge H. Vierce		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
mole white vidowed	m. 21 17 46	4:407
2/2 6 2 0.	20. DATE OF DEATH. 19 To , at	
6.(b) Name of husband or wife. Helew lleas, with vier	21. CERTIFY that death occurred on the date above stated; that settended deceased	i from
S.(c) If alive, give age	1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	19
7. Birth date of	and that I last saw h alive on the	19 🗸
ueceaseu (Iliu., uay, yi.)	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Urenia -	of lan
83 9 9 1 min.		
Marion Co. Ohis	Care in Ada - i	10 m
9. Birthplace (Town, connty, and state)	Due to	
Clear in Bank		
10. Usual occupation	Due 10	000000000000000000000000000000000000000
11. Industry or business Retende		
12. Hame	6ther conditions Voley Certhret	153/1.
12. Hame Jan Company 13. Birthplace		
	(Include pregnancy within 3 months of death)	
14. Malden name	Major findings of operations.	
14. Maldan name 4.4.7.4.7.7.2.	Date of op.	
chill to be a contra		
16, Informani	Autopsy results	listically
Address Ille Hellton yeare		detically.
Colonistions Make 191/94/	22. VIOLENCE: It death was due to external causes, till in the following:	
(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide	000000000000000000000000000000000000000
Cemetery or crematory And Add State	Where did injury occur?	State)
Comercial of Citation I		
Location 2501 Stalet laborated and add to	Injured at home, tarm, Industry, public place (where?)	***************************************
18. Funeral director September (C. Manufacher C. Y Sorris)	Means of Injury Injured et work?	
(ash 6 - D)		
Address 1900 General Colonial	23 SIGNATURE Class - L. Sale & In o	)
3-18 W/ Mendeland	M. D. or o	ther
19. (Dato rec'd by registrar) Registrar	Address Asselice Date signed -	18-1940

CERTIFICATE OF DEATH

### 2411 N. Charles St., Baltimore 462

02327

Reg. Dist. No. ...

1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Mad County 9. a Co
City or town	0: +0
How long in above place of death?  Hospital, Institution, or street address where death occurred:	City or town (11 outside city or town limits, write RURAL and give nearest town)
Assistant Assistant Assistant	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
May midel	nine
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2605
1 W Jungle	20. DATE OF DEATH March 2 19 TO 1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10 10
7. Birth date of 2 / 9 / (	and that I last saw h
deceased (mo., day, yr.)  8. A.G.F.: Years   Months   Days   If less than one day	Immediate cause of death
81 6 56	6 mys Carbles Chrone
hrs. min.	
9. Birthplace (Town, county, and state)	Que to luceramia Duna
10. Usual occupation.	Due to
11. Industry or business	-
12. Name Northeast Mindle 13. Birthplace Bucket Man	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Drawing F. Drawing	
15. Birthplace Bustal Mid	Major findings of operations
1 1 1/4	Date of op.
16. Informant States of the state of the sta	Autorsy results
Address Model Mill	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, tremation, or removal, Which?)  Date thereof (month) [day) (year)	Accident, suicide, or homicide
Cemotery or crematory	Where did injury occur? (City or town) (County) (State)
Location 2001	Injured at home, farm, Industry, public place (where?)
18. Funeral director J. G. Hulleste & Aug.	Means of Injury Injured at work?
Address Alexander Address.	A Feet
00	33 SIGNATURE M.D. or other
19. March 19. 19. 19. (Date ree'd by registrar)	The say your Mil Date signed 3/2/ #6

REPOCES 1945

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Diat. No..

1. PLACE OF DEATH: are are deen sel	
City or town	
How long in above place of death?	
How long in hospital or institution?	189
3 (a) FULL NAME	1

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION)

Schneider

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

3. (b) Social Security Number

7. Birth date of deceased (mo., day, yr.) 8. AGE: 10. Usual occupation. 11. industry or business 13. Birthplace

(Include pregnancy within 3 months of death)

(City or town)

(County)

Injured at work?

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing;

Accident, suicide, or homicide, Whara did injury occur? .....

injured at home, tarm, industry, public place (where?) ... Means of Injury

WRITE

information of death clear

item of i

ADING INK. Supply eve Physicians: please write

important.

PLAINLY, is especially

14. Maiden name 15. Birthplace

16. Informant

Address

MARGIN RESERVED FOR BINDING

4. Sex

Brizan verstanderskrift statt begrenne

RECEIVED

MAR 12 1946

BURLAU V.B.

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DURATION

2411 N. Charles St., Baltimore 2400

## CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town)

MEDICAL CERTIFICATION

Hospital, Institution, or street address where death occurred: How long in hospital or institution?

3. (a) FULL NAME

information carefully. The of death clearly and legibly.

the causes

1. PLACE OF DEATH:

County and

How long in above place of death?

8.(a) Single, married, widowed, or divorced

(If outside city or town limits, write RURAL and give nearest town)

3. (b) Social Security Number

Reg. Dist. No.

deceased (mo., day, yr.)

8. AGE:

16. Informant

10. Usual occupation..

11. Industry or business

(Burial, cremation, or removal, Which?) (month) (day) (year)

18. Funeral director.

Where did injury occur? ..... Injured at home, farm, Industry, public place (where?) .....

Means of Injury

Accident, suicide, or homicide.....

Address Chunc

(City or town)

. Date signed 3/20/76

MARGIN RESERVED FOR BINDING ADIN( PLAINLY, is especially PLEASE

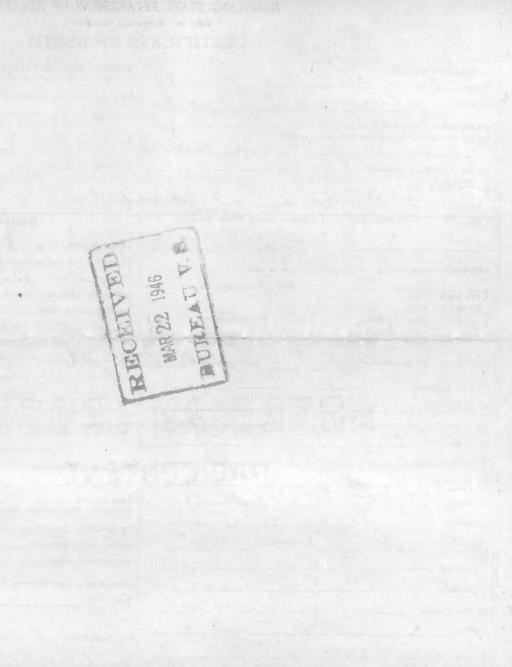
mar. 20 DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 17 19 4 to men 18 diviation, 2 days. (Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

(County)

Injured at work?

M. D. or other



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02330

### CERTIFICATE OF DEATH

Reg. Diat. No. 2

1. PLACE OF DEA	TH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County	Anne/Aru		South Dakota				
City or town	Annapol 1	s, Maryland nits, write RUKAL and give nearest town)	State County County				
How long in above place	of death? 30 mi	nutes	City or town				
Mosnital, Institution, or	street address where o	leath occurred:	Street No.				
U.S.Nava	l Hospital	, Annapolis, Md.	(If rural, give LOCATION)				
How long in hospital or	Institution? 30 mi	nutes	2.(a) If veteran, name war Norld War II				
3. (a) FULL NAME			3. (b) Social Security Number				
	SIDDONS	Robert Jackson					
4, Se1	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male	White	Single					
11111111	1,11200		20. DATE OF BEATH				
6,(b) Name of husband	or wife		21. I CERTIFY that death occurred on the date above stated; that I attended deseased from				
			3/1/ 19 4 6 , to 3/1/ 19 4 k				
7. Birth date of	1.1		and that I last saw h				
deceased (mo., day, y		Days I fless than one day	Immediate cause of death. DURATION				
8. AGE: Years			Extatue (Shall Franks				
22	11	8hrsmin.	I returne compo I - Dt - though				
9 Rirthniace	Platte,	South Dakota	Bue to A 30m				
o, william o			Sall from height				
18. Usual occupation	Midshiph	an, U.S.N:	Due to.				
11. Industry or business			ΑΑ				
E 12. Name	Glenn R.	Siddons,	Other conditions Share and eargument time				
12. Hame		South Dakota					
	Durkly To a		(Include pregnancy within 3 months of death)				
14. Maiden name		South Dakota	Major findings of operations.				
-1 13. Birthplace			as of or				
16. Informant		al Hospital,	Autopsy results				
Address	Annapoli	s, Md.					
17 Person	val	Date thereof Justick 14/46	22. VIOLENCE: II death was due to external causes, fill in the following:				
(Burial, eremation,	or removal. Which?)	(month) (day) (year)	Accident, selected of memorial				
		A	Where did injury occur? Mars (City or town) (County) (State)				
Cemetery or cremato	TY		11 1/2 1/2				
9	0////	South Defola	Injured at home, farm, Industry, public place (where?)				
Location	Plalle	South Petola	11 1/2 1/2				
9	Plalle	South Befola	Injured at home, farm, Industry, public place (where?)				
Location	Plalle	Anth Petola	Injured at home, farm, Industry, public place (where?)				
Location	Plalle	South Pepola	Injured at home, farm, Industry, public place (where?)				

RECEIVENT MAR 15 1946 BUREAU U S

(Date rec'd by registrar)

Reg. Diat. No.

2. USUAL RESIDENCE (HOME) OF DECEASED: its, write RURAL and give nearest town) 3. (b) Social Security Number MEDICAL CERTIFICATION DURATION PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at work?

(State)

MAR 20 1946

BUREAU V.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



02332

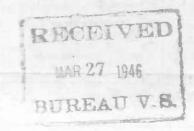
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					ì
Res	. 1	Sint	. N	lo.	•

### CERTIFICATE OF DEATH

8.(b) Name of husband or wife. Sophia L. Smith.  5.(c) If alive, give age. S.O.  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months  9 3 hr. min.  9. Birthplace. Baltimore. Md. (Town, county, and state)  10. Usual occupation. Retired.  11. Industry or business  12. Name. Jacob Smith.  13. Birthplace Baltimore, Md.  13. Birthplace Baltimore, Md.  14. Maiden name. Re. becca Unknown.  Major fludings of operations.  March 29 104  15. Birthplace Rd. Linthicum Hights.  16. Informant. Mr. S. Sophia L. Smith.  March 29 104  March 29 104  March 29 104  Mayor fludings of operations.  Malor fludings of operatio						
State   County   Co		2. USUAL RESIDENCE (HOME) OF DECEASED:				
City or town.  The state of the control of the cont	county A A County					
Now long in above place of death?    City or town	City or town Furnace Rd. Linthicum Hights	State Rid County A. A. County				
Street Ro. FUNDACE RO. (Irrural, give account)  MEDICAL CERTIFICATION  20. Date of Death MA. C.D. 2.6 th  19. Date of Death MA. C.D. 2.6 th  19. Date of Death MA. C.D. 2.6 th  19. Street Ro. FUNDACE RO. (Irrural, give account)  Street Ro. FUNDACE RO. (Irrural, give account)  MEDICAL CERTIFICATION  20. Date of Death MA. C.D. 2.6 th  19. Date of Death MA. C.D. 2.6 th  19. Date of Death MA. C.D. 2.6 th  19. Street Ro. FUNDACE RO. (Irrural, give account)  Street Ro. FUNDACE RO. (Irrural, give account)  MEDICAL CERTIFICATION  20. Date of Death MA. C.D. 2.6 th  19. Date of Death MA. C.D. 2.6 th  19. Street Ro. FUNDACE RO. (Irrural, give account)  Street Ro. FUNDACE RO. (Irrural, give account)  Street Ro. FUNDACE RO. (Irrural, give account)  MEDICAL CERTIFICATION  20. Date of Death MA. C.D. 2.6 th  19. Street Ro. FUNDACE RO. (Irrural, give account)  MEDICAL CERTIFICATION  20. Date of Death MA. C.D. 2.6 th  Indicate curse of death MA. C.D. 2.6 th  Ind	(If outside city or town limits, write RURAL and give nearest town)	Cliv or town				
Street No		(If outside city or town limits, write RURAL and give nearest town)				
Row long in bospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  3. (c) Hardran, name way  4. Sax  5. Golor or race  5. (c) Singlet, married, widewed, or divorced  M. W. Married  5. (c) Halve, widewed, or divorced  M. W. Married  5. (c) Halve, widewed, or divorced  M. Married  5. (c) Halve, widewed, or divorced  M. Married  20. Date of Beath  12. Description in the date above states; that lattended deceased from the date above states; that lattended deceased f	Hospital, Institution, or street address where death occurred:	Street No. Funnace Road				
3. (a) FULL NAME  John P. Smith  4. Sax S. Color or race B. (a) Single. married, widowed, or diverced  M MATTIED  B. (b) Name of husband or wife. Sophia I. S mith  S. (c) It alive, give age. S. Q. years deceased (mo., day, rr.)  June 23. 1877  8. AGE: Years Months Days It less than one day  9 3 hrs. min.  9. Birthplace. Baltimore. Md. (Town, county, and state)  10. Usual occupation. Retired.  11. Industry or business  12. Name. J. S. Colo Smith  Mayor include pregnancy within 8 months of death)  Major findings of operations.  Major findings of operations.  But in the following:  Committee of Major (County) (Year)  Major findings of operations.  Date of example of the fall above states; that I attended deceased from 18. To the fall of the fa						
4. See S. Color or race 6.(a) Single, married, widowed, or diversed MEDICAL CERTIFICATION  M. Married  8. (b) Name of hubband or wife Sophia L. S. mith  8. (c) If alive, give age 6.0 years deceased (mo., day, rr.)  8. AGE: Years Months  8. Birth face of deceased (mo., day, rr.)  9. Birthplace. Baltimore, Md. (Town, county, and state)  19. Usual occupation. Retired.  19. Bus to accupation. Retired.  11. Indistry or business  11. Maiden name. Rebecca Unknown  Major fludings of operations.  11. Maiden name. Rebecca Unknown  Major fludings of operations.  12. Violance Rd. Linthicum Hights  13. Birthplace Baltimore, Md.  Major fludings of operations.  Major fludings of operation	How long in hospital or institution?	2.(a) It veteran, name war				
4. Sas S. Color or race 6. (a) Single, married, widowed, or diverced Medical Certification  M. W. Married  6. (b) Name of hubband or wife. Sophia L. S. mitch  S. (c) If allve, give age. 6. (a) years deceased (mo., day, rr.)  June 23. 1877  8. AGE: Years Meaths  9. Birthplace. Baltimore. Md. (Town, county, and state)  10. Usual occupation. Retired.  11. Industry a business  12. Name. J. B. C. D. S. S. L. S	3. (a) FULL NAME	3. (b) Social Security Number				
M W Married  Merried	T 1 - 7 C + 1					
M W Married  8.(6) Name of husband or wife Sophia L. S. mitch  5.(c) If alive, give age S.O. years deceased (mo. day, yr.)  8. AGE: Tears Months Dars it less than ose day 9 8 hrs. min.  9. Birth date of Corn., county, and state)  10. Usual occupation. Relized.  11. industry or business  12. Name Jacob Smith  13. Sithhalace Baltimore, Md.  14. Malden name. Rebeccs Unknown  15. Sinthalace Germany  16. Informat. Mrs. Sophia L. Smith  Address Funnace Rd. Linthicum Hights  16. Usual occupation. Spale thereof (month) (day) (rear)  17. Burth date and the state of death.  18. March 2.6. th. 134.6. 11.5.2.1.5.2.1.5.2.  19. March 11. Industry or business  11. March 2.6. th. 134.6. 11.5.2.1.5.2.1.5.2.  12. Name Jacob Smith  13. Sithhalace Germany  14. Malden name. Rebeccs Unknown  15. Sinthalace Germany  16. Informat. Mrs. Sophia L. Smith  Address Funnace Rd. Linthicum Hights  16. County or temporal Which; (from 1) (fr	4 Sev 5 Color of race 5 S.(a) Single, matried, widowed, or divorced	MEDICAL CERTIFICATION				
8.(b) Name of husband or wife. Sophia L. Smith.  5.(c) If alive, give age. S.O.  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months  9 3 hr. min.  9. Birthplace. Baltimore. Md. (Town, county, and state)  10. Usual occupation. Retired.  11. Industry or business  12. Name. Jacob Smith.  13. Birthplace Baltimore, Md.  13. Birthplace Baltimore, Md.  14. Maiden name. Re. becca Unknown.  Major fludings of operations.  March 29 104  15. Birthplace Rd. Linthicum Hights.  16. Informant. Mr. S. Sophia L. Smith.  March 29 104  March 29 104  March 29 104  Mayor fludings of operations.  Malor fludings of operatio	4, 942 3, 0001 01 1200 01 1200 01 1200 01 10 10 10 10 10 10 10 10 10 10 10 1	MEDICAL CERTIFICATION				
7. Sirth date of deceased (mo. day, yr.)  8. AGE: Vears Months Days It less than one day 68 9 3 hrs. min.  9. Birthplace Baltimore Md.  11. Industry or business  11. Industry or business  12. Name. Jacob Smith 13. Birthplace Baltimore, Md.  14. Maiden name Rebecca Unknown 15. Birthplace Germany  16. Informant Mr.S. Sophia L. Smith 17. Maiden name Rebecca Unknown 18. Maior findings of operations.  19. Was of operations.  19. Was of death of the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to esternal causes, fill in the following; the following:  18. Functal discount of removal. Which)  22. VIOLENCE: If death was due to esternal causes, fill in the following:  18. Functal discount of removal. Which)  18. Functal discount of removal. Which)  24. Signature Character of the work?  25. Signature Character of the cause to which death should be charged statistically.  26. Hardward of the cause to which death should be charged statistically.  27. VIOLENCE: If death was due to esternal causes, fill in the following:  28. Accident, sucide, or homicide.  29. Where did injury occur?  29. City or town)  20. City or town)  21. Manual of the conditions  22. VIOLENCE: If death was due to esternal cause to which death should be charged statistically.  29. VIOLENCE: If death was due to esternal cause to which death should be charged statistically.  20. VIOLENCE: If death was due to esternal cause to which death should be charged statistically.  29. Injured at home, tarm, industry, public place (where?)  20. Injured at home, tarm, industry, public place (where?)  21. Signature Character of the conditions  22. VIOLENCE: If death was due to esternal cause to which death should be charged statistically.  29. Signature Character of the conditions and the charged statistically.  29. Signature	M W Married	20. DATE OF DEATH March 26th 1946 15:15P.				
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1. Birth date of deceased (mo., day, yr.) June 23 , 1877  8. AGE: Years Months Bays tt less than one day 9 3 hrs. min.  9. Birthplace Baltimore Md. (Town, county, and state)  10. Usual occupation. Retired.  11. Industry or business  11. Name Jacob Smith 11. Martine Baltimore, Md.  12. Ware Jacob Smith 13. Birthplace Baltimore, Md.  14. Martine Baltimore, Md.  15. Birthplace Germany  16. Informant Mrs. Sophia I. Smith  Address Funnace Rd. Linthicum Hights  17. Burial (Burial, cremation, or removal, Which)  18. Funcat director, Fundament Martine Baltimore, Md.  19. Due to.  11. Martine Characteristic cause of death.  Due to.  12. Volume Committee of death.  Major findings of operations.  Major findi		Zah. 10. 19 46 10 74406 51 1946				
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## MARYLAND STATE DEPARTMENT OF HEALTH

### CEPTIFICATE OF DEATH

Now long in hospital or institution, or street address where death occurred:	Reg. Dist. No			
City or town — HATOVEX  (If cottoble city or town limits, write BUKAL and give nearest town)  Row long in about place of death;  Row long in hospital or institution, or street address where death occurred:    Now long in hospital or institution?   (If rottable city or town limits, Street No.   (If rottable	F DECEASED:			
Now long in above place of death?	A. A. Co.	94441 4440 ooogi		
Bow long in hospital or institution?   2.(a) If veteran, name war   3. (d) FULL NAME   DENNIS WARFIELD TURNER	(if outside city or town limits, write RURAL and give nearest town)  Streef No.			
DENNIS WARFIELD TURNER  4. Sex				
Male  White  Married  6.(6) Name of husband or wife. Bessie H. Turner  6.(6) Name of husband or wife. Bessie H. Turner  6.(6) It alive, give age. years deceased (mo., day. yr.)  January 22, 1864  8. AGE: Years Months Bays If less than one day 2 4 hrs. min.  9. Birthplace. A. A. Co., (Town, county, and state)  10. Usual occopation. Farmer  11. Industry or business  12. Name. Humphrey. Turner  13. Birthplace A. A. Co., Md.  14. Maiden name. Frances Warfield  15. Birthplace A. A. Co.  (Include pregnancy within 3 m Major fieldings of operations.  Mrs. Bessie Turner  Antepsy results. Physician: Flease maderline the cause to white the county of the condition of the condition.  Cemetery or crematory, or removal. Which?)  Cemetery or crematory or removal. Which?)  Druid Ridge Cem.  City or town)  Location Pike sville, Md.  Injured at home, farm, industry, public place (who Means of injury)  10. Burial director. White J. TICKNER & SONS.	3. (b) Social Security Nu	ımber		
6.(b) Name of husband or wite BRASSIA HA TURDER  5.(c) If allive, give age years deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day R2 4 min.  9. Birthplace A. A. Co.  (Town, county, and state)  11. Industry or business  12. Name Humphrey Turner  13. Birthplace A. A. Co.  14. Malden name Frances Warfield  15. Birthplace A. A. Co.  (Include pregnancy within 8 min.)  16. Informant Mrs. Bessie Turner  Address Hanover, Md.  17. Burial Charles (month) (day) (year)  Cemetery or crematory Druid Ridge Cem.  18. Funeral director. Will a. L. TICKNER & SONS	ERTIFICATION			
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day 82 2 4 hrs. min.  9. Birthplace. A. A. C.O. (Town, county, and state)  10. Usual occopation. Farmer  11. Industry or business  12. Name. Humphrey. Turner.  13. Birthplace A. A. C.O., Md.  14. Maiden name. Frances Warfield  15. Birthplace A. A. C.O.  16. Informant. Mrs. Bessie Turner  Address Hanover, Md.  17. Burial  18. Burial  19. B	26 1946,01	3:0		
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UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF is especially important.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

armic, ET

EDTIFICATE OF DEA

DIA No. 21

02335

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war
14 may G. Vogt	3. (b) Social Security Number
4, Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  Mar 16 1946 21 3 P N
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  Would 16 19 46  and that I last saw h 22 alive on Month 16 19 46
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  45 9 23	Immediate cause of death Constitute Synony DURATION
9. Birthpiace (Town, county, and state)	Due Groschial On ummio: duration, I days!
11. Industry or business / and and Ary Joch	Due to
12. Name 12.	Dther conditions
14. Maiden name A full Cash  15. Birthplane Lermany.	(Include pregnancy within 8 months of death)  Major fiadings of operations.
16. Informant flus Lular B Jugs	Autopsy results
Address 1614 Cherry St Gallemon 10	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Date thereof. 321/46 (month) (day), (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory	Mhere did injury occur?
18. Funeral director Addition Conf. The	Means of Injury Injured at work?
Address 1217 St Soul ST	H. Hohart EEch
19. 3 - 18 19. 44 Cuttleffee la Registrar	Address I art Brack Mol Date signed Man 16 46

RECEIVED

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BURLAUVE

2411 N. Charles St., Baltimore 830

## CERTIFICATE OF DEATH

Reg. Dist. No. 28

City or town	cownsville, or outside city or town in account death? 20 or street address where SVILLE STAT	Maryla mits, write R yrs. 2 death occurred E HOSPI	nd UKAL and give nearest town) 3 days TAL 23 days	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of State	AT LARGE.	earest town)	
3. (a) FULL NA	ME SON ARTHUR 5. Color or race				3. (b) Social Security	y Number	
4. Sex male	5. Color or race black		married, widowed, or divorced	MEDICAL CI	ERTIFICATION 1946		
7. Birth date of			) It alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  March 3. 19.26 to March 30. 19.46  and that I last saw h. im alive on March 30. 19.46  Immediate cause of death DURATION			
8. AGE: Ye 56	ars Months	Days	It less than one dayhrs,min.	Cerebral Hemorrhag	•	Known	
	Hod-c ar	rier	tate)	Oue to		since 3/28/46	
12. Name				Other conditions  Mental Deficiency Wit  (Include pregnancy within 3:	h Psychosis	Known	
14. Malden nan 15. Birthplace				Major fiadings of operations			
16. Informant	Hospital Crownsvil		yland	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
17(Burial, cremst	ion, or remoyal. Which	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	(Connty)		
18. Funeral director	Sown Frown	How surl	the ma	Injured at home, farm, Industry, public, place (w Means of Injury  23. SIGNATURE	infured at work?	rods , or other	
19. (Date rec'd by	registrar)		Registrar	Address Crownsville, Ma	aryland Oate signer	3/30/46	



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

(123378 Reg. Diat. No.

1. PLACE OF DEATH:	ndel County		2. USUAL RESIDENC OME) (For newborn infent residence of	OF DECEASED: f mother)			
			State Mary County				
City or town Crownsvi (If outside city	or town limits, write F	URAL and give nearest town)	Ba timono Citr				
How long in above place of death?	21 days	***************************************	(If outside gity or town limit	its, write RURAL and give near	rest town)		
Hospital Institution, or street address Crownsville	State Hospi	tal	Street No. 309 South Be	thel Street			
	77 20		llunkno	ve LOCATION) WM			
How long in hospital or institution	/	***************************************	2.(a) If veleran, name war	······································			
3. (a) FULL NAME WR	EN - JOHN			3. (b) Social Security I unknown	<b>Number</b>		
4. Sex 5. Color o		e, married, widowed, or divorced	MEDICAL C	CERTIFICATION			
male bla	ck sin	gle	20. DATE OF DEATH	10 46	.12:30 A		
			21. I CERTIFY that death occurred on the date at	have stated: that I attended decea	sed from		
6.(b) Name of husband or wife	***************************************	***************************************	February 13	46 March 6	19. 46		
7 Right date of		e) if alive, give ageyears	and that I last saw h 2 m allie on	arch 5	18. 114.		
deceased (mo., day, yr.)	1889		Immediate cases of death		DURATION		
8. AGE: Years Mon		If less than one day	General Paresis		Known to		
57	unknown	hrsmin.			us since		
9. Birtholace Virg	ináa	state)	Due to		2/13/46		
Tob	(Town, county, and	state)					
1D. Usual occupation. Labo			Due to		***************************************		
11. Industry or business unk	nown						
12. Name Sam V			Biher conditions				
			(Include preg pancy within 8	and a dath			
# 14. Maiden name Eliza	abeth Watso	n					
H 14. Maiden name. Eliza 15. Birthplace Virg.	inia		Major findings of operations				
Hoen		5		COLUMN CO			
			Actorsy results	which death shoold he charged :	tatistically.		
Address Crowl	nsville, Ma	D .	22. VIOLENCE: If death was due to external ca				
17 Buried (Burial, cremation, or remove	Date ther	eof Mar 9, 1946 (month) (day) (year)	Accident, suicide, or hom/cide				
(Burial, cremation, or remova	Mt. Calvar	(month) (day) (year)	Where did injury occur?(Cit.y or town)				
					(State)		
		d	injured at home, farm, industry, public place (	(where?)			
18. Funeral director. Mrs.	Ida Bailey		Meens of injury	injured at work?	A		
Address 1421 East	Jefferson	St., Balto., Md.	Meel.	Muka	del		
2	. 0	5/1 0	23. GIENATORS	M. D. o	r other		
(Date rec'd by registrar)	19. Mg. b.	t. toyle Local Registrar	Address Crownsville, Mar	yland Date signed	3/6/46		

RECEIVED

BUREATT

2411 N. Charles St., Baltimore 1310

#### CERTIFICATE OF DEATH

ODICE IN COLUMN	Reg. Dist. No
1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death Courred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME NILLIE ZAUKU	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Female W Married	MEDICAL CERTIFICATION  20. DATE OF DEATH.  20. DATE OF DEATH.  20. DATE OF DEATH.  20. DATE OF DEATH.  20. DATE OF DEATH.
() nella	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	10/19/195-19 10 3/25/4/49
7. Birth date of deceased (mo., day, yr.)	and that I last saw h allve on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death OURATION
Lethmin.	Due to
9. Birihplace(Town county, and state)	arpeno Sclawsio.
10. Usual occupation	Que to Chronic Endocardetes unf
11, Industry or business	Chairme Suterstotal
12. Name	Other conditions
□ □ 13. Birthplace では、	(Include pregnancy within 3 months of death)
14. Malden name Like 15. Birthplace	Majer findings of eperations
≥ 15. Birthplace	Bate of op.
16. Informant Cash Cash Cash Cash Cash Cash Cash Cash	Autopsy results
Address 602 Washington 3-25-46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Borial, cremation, or removal Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Coulded County	Injured at home, farm, industry, public place (where?)
18. Funeral director south / Casurakas de	Meens of Injury Injured at work?
Address 662 Dashington (3th	23. SIGNATURE Describer
19. J26 19 46 A. W. Vedacel DM Registrar	Address Caul Burnit M Date signed 3/22/160

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.